

# Your EZ REIMBURSE® Card Order Form

If you wish to receive the  
**EZ REIMBURSE® Card**, you must  
complete this form!



## **EZ REIMBURSE® MasterCard® Order Form**

Return this form to FBMC at P.O. Box 1878, Tallahassee, FL 32302-1878 **ATTN: Enrollment Processing** or  
Fax to FBMC at 850-425-6220.

Employee ID #:

Name:

Home Address:

City:

State:

ZIP:

Daytime Phone:

Home Phone:

E-mail:

**Yes, I elect to take advantage of the EZ REIMBURSE® Card for the upcoming plan year.**

Signature:

Date:

Keep a copy of this form for your records.

## **DEADLINE:**

You have 30 days to enroll

**Submission of this form will authorize a \$10 card fee,  
deducted from your Medical Care FSA.**



P.O. Box 1878 | Tallahassee, FL 32302-1878 | [www.myfbmc.com/michigan](http://www.myfbmc.com/michigan) | 800.342.8017